State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name Hanley Farm Living History Museum PWS ID# 4 1 99571						
Month/Year ベイソ /2022 Entry Point: contact tank hose bib Required Minimum Residual 1.0 mg/L						
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	3:30	New well		1.6	(Tile)	
2	13:20	New well		2.4	240 8	· ·
3	1100	New well		24	76	
4	1044	new well		1.6	The	Ú.
5	1018	new well		1.2	Tuy	-
6	10:10	new well		1,6	(In)	
7	11,14	new well		1,6	(Ln)	
8	0950	new well		3.0	T G	* :
9	1100	new well		2.6	76	
10	1035	new well		2,2	76	
11	1138	new well		1.6	Tus	
12	1111	new well		1.2	Thy	
13	11\$5	new well		1,4	(Fre)	
14	1150	new well		1,6	(2)	
15	729	new well		2.5	(Sur)	
16		new well	9	20	(00)	
17	1351	new well		1.6	Fu	•
18	1730	new well		1.8	TG	
19	1020	new well		1.6	TIM	•
20 21	10 //5	new well		1,8	Jes	
22	9757	new well		216	- W)
23	1049	new well		2,5		
24	1200	new well		40	(Fiv)	
25	1129	new well		7,8	-	-G
• 26	0012	new well		1.7	110	/
27	1100	new well		2.2	7 H	7
28	\$404	new well		21/	7	
29	1745	new well		2,2	(orc)	
30	1410	new well		2,6	76	
31	1245	new well		3, 2	TG	
Was the chlorine residual ever less than the required minimum residual of mg/L? ☐ Yes ☒ No						
If yes, what was the longest time period until the required level was restored?						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						800
If yes, did you monitor every four hours until the residual returned to mg/L?			Did continuous monitoring equipment fail at any time reporting month? ☐ Yes ☐ No		ny time this	Date continuous monitoring equipment failed:
Attach those results and submit them with			If yes, were gra	b samples collected every four	hours until the	1 1
this form.				nitoring equipment was returned		Date it was returned to
•			☐ Yes ☐ No			service:
MANINE CONTRACTORS DE COMPANA COMPANA O	ATTAT CENTEN IN ATTAINED BY A SELECTION OF THE SE		Attach grab sample results and submit them with		ith this form.	1. 1
Printed I	Vame: Thom	Gilsdorf	Title: project coordinator		Operator Certification #:	
Signatur	erro	men Stady	Phone #: (541 601) 6203		OR	
Date: 						
The state of the s						